

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Alexander S. Lewy  
Name  
(2) P.O. Box 4444  
Address (number and street)  
Hallandale Beach, FL 33008  
City, State, Zip Code

OFFICE USE ONLY

CITY OF HALLANDALE  
CITY CLERK

08 OCT - 2 PM 2:34

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate (office sought):

Hallandale Beach City Commissioner

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 07 / 01 / 08 To 09 / 12 / 08 Report Type Q3

☐ Original

☒ Amendment

☐ Special Election Report

☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 2,845.69

Loans \$ 0.00

Total Monetary \$ 2,845.69

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1,846.63

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,846.63

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date  
\$ 6,723.90

(10) TOTAL Monetary Expenditures To Date  
\$ 2,726.36

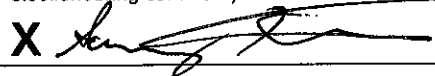
**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Sammy B. Kalmowicz

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X 

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Alexander S. Lewy

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X 

Signature